PTO/SB/21 (01-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 199	5, no persons are requi	U.S. red to respond to a co	Patent and Tra	opproved for use through 04/30/2003. OMB 0651-0031 odemark Office: U.S. DEPARTMENT OF COMMERCE mation unless it displays a valid OMB control number.				
PATENTALIS		Application Num	ber	09/836,410				
TRANSMITTAL		Filing Date		April 17, 2001				
FORM (to be used for all correspondence after initial filing)		First Named Inve	entor	Gendron, et al.  1635  Karen A. Lacourciere				
		Group Art Unit						
		Examiner Name						
Total Number of Pages in This Submissio	n 28	Attorney Docket	Number	10872/0484561				
ENCLOSURES (check all that apply)								
Fee Attached  X Amendment / Reply  After Final Affidavits/Declaration(s)  X Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Petition Petition to Provision Power of Change of Terminal Request to	ent Papers pplication) s) g-related Papers c Convert to a al Application Attorney, Revocat of Correspondence Disclaimer for Refund ber of CD(s)	ion Address	After Allowance Communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter X Other Enclosure(s) (please identify below): Return Post Card				
SIGNAT	URE OF APPLIC	ANT, ATTORNE	Y, OR AGE					
Firm or Loy M. White Individual name				500/2900				
Signature	The							
Date <b>January 24, 2003</b>								
CE	RTIFICATE OFTE	RANSMISSION/M	AILING					
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:								
Typed or printed name Loy M. White		i.						
Signature	- Win		Date	January 24, 2003				

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents,

PTO/SB/17 (01-03)

Approved for use through 04/30/2003. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

_	<b>EE TRANSMITTAL</b>
	for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

X Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)465.00

Complete if Known				
Application Number	09/836,410			
Filing Date	April 17, 2001	<del></del>		
First Named Inventor	Gendron, et al.	¥ ,		
Examiner Name	Karen A. Lacourciere	- <del>M</del>		
Group/Art Unit	1635			
Attorney Docket No	10872/0484561	3		

Check   Credit card   Money order   Cother   None   Small Entity	0/2900 aid
[X] Deposit Account Deposit Account Number Deposit Account Name  Cincinnati Children's Account Name  Cincinnati Children's Hospital Medical Center  The Commissioner is authorized to: (Check all that apply)  [X] Charge Fee(s) indicated below  [X] Credit any overpayments  [] Charge any additional fee(s) during the pendency of this application  [] Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.  Large Entity  Small Entity  Fee Fee Fee Fee Description Fee Fee Fee Code (\$)  1051 130 2051 65 Surcharge – late filing fee or oath 1052 50 2052 25 Surcharge – late provisional filing fee or over sheet 1053 130 1053 130 Non-English specification 1804 920* 1812 2,520 For filing a request for ex parte reexamination 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action 1805 1,840* 1805 1,840* Requesting publication of SIR after Examiner action 1251 110 2251 55 Extension for reply within first month	
Deposit Account Number  Deposit Account Name  Cincinnati Children's Account Non-English specification  The Commissioner is authorized to: (Check all that apply)  [X] Charge Fee(s) indicated below [X] Credit any overpayments  [] Charge any additional fee(s) during the pendency of this application  [] Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.  Fee Fee Code (\$) Code (\$)  Surcharge – late filing fee or oath Non-English specification  1812 2,520  1812 2,520  1804 920° 1804 920° 1804 920° 1805 1,840° 1	
Account Name  Hospital Medical Center  The Commissioner is authorized to: (Check all that apply)  [X] Charge Fee(s) indicated below  [X] Credit any overpayments  [] Charge any additional fee(s) during the pendency of this application  [] Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.  1052 50  1053 130  1812 2,520  1812 2,520 For filing a request for exparte reexamination  1804 920*  1804 920*  1805 1,840	
Name Hospital Medical Center  The Commissioner is authorized to: (Check all that apply)  [X] Charge Fee(s) indicated below [X] Credit any overpayments  [] Charge any additional fee(s) during the pendency of this application  [] Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.  1052 50 2052 25 Surcharge – late provisional filing fee or cover sheet  1053 130 1053 130 Non-English specification  1812 2,520 For filing a request for exparte reexamination  1804 920* Requesting publication of SIR prior to Examiner action  1805 1,840* Requesting publication of SIR after Examiner action  1805 1,840* Extension for reply within first month	
The Commissioner is authorized to: (Check all that apply)  [X] Charge Fee(s) indicated below [X] Credit any overpayments  [] Charge any additional fee(s) during the pendency of this application  [] Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.    1812 2,520   1812 2,520 For filing a request for expante reexamination    1804 920*   1804 920*   1805 1,840	1
[ ] Charge Fee(s) indicated below [X] Credit any overpayments [ ] Charge any additional fee(s) during the pendency of this application [ ] Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.    1804   920*   1804   920*   1804   920*   1805   1804   920*   1805	$\dashv$
[] Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.    Staminer action   1805 1,840°   1805 1	- 1
to the above-identified deposit account.  1251 110 Examiner action 2251 55 Extension for reply within first month	$\neg$
FEE CALCIII ATION 1252 410 1 2252 205 Extension for mph. withis according to	$\dashv$
220 Extension for reply within second month	$\neg$
1. BASIC FILING FEE 1253 930 2253 465 Extension for reply within third month \$46	00
Large Entity Small Entity 1254 1,450 2254 725 Extension for reply within fourth month	
Fee Fee Fee Fee Description 1255 1,970 2255 985 Extension for reply within fifth month	$\neg$
1001 750 2004 275 1007 750 2004 275 1007 750 2004 2007 2007 2007 2007 2007 2007 200	
1002 320 2002 405 Double fill fill fill fill fill fill fill fi	
1451 4 510 Piling les	
1003 520 2003 260 Plant filing fee 1451 1,510 Petition to institute a public use proceeding	
1004 750 2004 375 Reissue filing fee 1452 110 2452 55 Petition to revive – unavoidable	$\dashv$
1005 160 2005 80 Provisional filing fee 1453 1,300 2453 650 Petition to revive – unintentional	$\dashv$
SUBTOTAL (1) (\$)0.00 1501 1,300 2501 650 Utility issue fee (or reissue)	$\dashv$
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1502 470 2502 235 Design issue fee	$\exists$
Fee from 1503 630 2503 315 Plant issue fee	$\dashv$
Extra Claims below Fee Paid 1460 130 Petitions to the Commissioner	$\dashv$
Total Claims	٦
Independent Claims -3** = X = 1806 180 1806 180 Submission of Information Disclosure Statement	7
Multiple Dependent = 8021 40 8021 40 Recording each patent assignment per property (times number of properties)	$\dashv$
Large Entity Small Entity 1809 750 2809 375 Filing a submission after final rejection (37 CFR § 1.129(a))	$\dashv$
Code (\$) Code (\$)  1810 750 2810 375 For each additional invention to be	$\dashv$
1904 750 2004 075 0	_
1203 000 CRCE)	
1203 280 2203 140 Multiple dependent claims, if not paid 1802 900 1802 900 Request for expedited examination of a design application	٦
original patent	
1205 18 2205 9 **Reissue claims in excess of 20 and over original patent Other fee (specify)	7
SUBTOTAL (2) (\$)0.00 *Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)465.00	╡

SUBMITTED BY				Complet	te (if applicable)
Name (Print/Type)	Loy M. White	Registration No. (Attomey/Agent)	43,262	Telephone	(513) 636-7512
Signature WARNING: Information	A. M.			Date	01/24/03

WARNING: Information on this form may become public. Credit Card Information should not be included on this form. Provide credit card information and authorization on PTO-2038. This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to tax limited to complete, including aghering, preparing, and submitting the completed application from the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: